

To All General Practitioners and Practice Managers, Leicestershire, Leicester and Rutland

Dear Colleagues

Re: LLR LMC BOARD MEETING 9 November 2022

Please find below summary of the LMC Board meeting held on 9 November.

- [Primary Care Funding Model](#)
- [Transferring Care Safely](#)
- [111 slots](#)
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Primary Care Funding Model (PCFM)

The LMC has ongoing concerns about the PCFM, and the lack of clarity regarding what is expected from practices and whether the level of funding is commensurate with the work contracted.

We recently circulated a survey to constituent practices which received 109 responses. 83% of respondents did not have a clear understanding of the PCFM Contracts and Specifications, and 91% were unhappy with these. 83% did not know what they were expected to do to deliver the PCFM requirements.

This confirms the LMC's ongoing belief that the PCFM is a curate's egg with good areas but also many bad areas. We support the 'levelling up' funding which makes up for the problems with the Carr-Hill formula that have not been resolved nationally. This has a clear part in tackling the inverse care law and health inequalities.

However, to be effective there must be no strings attached to this funding and the other funding streams must have clarity about requirements and funding. Finally, there must flexibility for practices who cannot deliver all parts to be able to contract for those they can.

The LMC has approached the ICB for urgent discussions to find a way forward.

Transferring Care Safely (TCS)

Practices are experiencing an increasing 'left shift' of unfunded work from secondary to primary care. The LLRLMC also surveyed constituents about this, finding that whilst 85% of respondents were familiar with the TCS only 40% regularly use it. This is probably related to that 72% are not satisfied with the outcomes.

This has a significant effect on general practice workload and morale. A survey by Kent LMC concluded that 5Million GP appointments are lost each year in England due to GPs doing work that should have been done in secondary care.,

NHS England has amended the Standard NHS Hospital Contract to clarify that hospitals are contracted to carry out this activity. The importance of this was most recently outlined in the letter dated 26

ADVISE SUPPORT REPRESENT

Leicester, Leicestershire and Rutland Local Medical Committee

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Company Registration number: 06278584 Place of registration: England and Wales Registered office: Edward House, Grange Business Park, Leicester, LE8 6EP

September 2022 from Dr Amanda Doyle (National Director, Primary Care and Community Services).

It is not acceptable for UHL and other providers to just apologise for individual events, but we are calling upon the ICB to enforce the Standard Contract, implement national guidance, and ensure that UHL and other providers embed changes to their internal processes.

111 Slots

General practices are required to make available 1 slot per 3000 registered patients to be directly bookable by 111. However, general practice is not an emergency service, and therefore any patient who 111 determines must be seen within 4 hours should not be booked into a GP appointment. If this occurs, please contact 111 to advise that the patient should be diverted to an emergency service, and inform the LMC. Please note that sometimes there is a confusion with a 111 outcome that a patient should contact a practice in less than 4 hours, but this does not mean that services are requested to provide a consultation within that time.

If 111 appointments are not booked within a reasonable time (for example by 2 hours prior to the appointment time) the practice may utilise the appointment for another purpose.

The regulations also provide that a practice can ‘triage’ appointments and change how the patient is consulted with, including whether with another healthcare professional other than a GP.

CUES and other local services

The contract for the Covid Urgent Eye Service is being revised by the ICB. The LMC has engaged with the ICB to ensure that any replacement service will not adversely affect general practices. Currently patients can self-refer to this service by telephoning 0116 326 5588. We are advised that the ICB is planning to maintain this number for any replacement service.

During our discussions we have become aware that there is a lack of clarity regarding local services that could be used to assist general practices with workload. We have asked the ICB to produce an easily navigable focussed Directory of Services to help practices.

LMC Workstreams

Led by Charlotte Woods, the LMC has developed a matrix of workstreams capturing the current situation and which LMC Board member(s) are leading. This will enable the LMC to have clarity where the various issues have got to, and ensure nothing gets ‘forgotten.’ We hope this will enable us to complete projects in a more timely way, and to be able to give clearer updates to constituents.

General Practitioners Defence Fund (GPDF)

The GPDF was created in 1911 to fund central GP negotiations. Its funding comes from the majority of GPs who pay the voluntary levy. Until 2018 its main function was to fund the executive and members of the General Practitioners Committee to be able to carry out work which was not funded by the BMA.

In 2018 the relationship was changed with this core function significantly reduced, with an aim to use more of their funding to support work of interest to Local Medical Committees.

However, investigation by some LMCs has called into question the current governance of the fund. The reserves have increased from less than £16M to £20M, the cost of running the GPDF board now accounts for 26% of the annual LMC income, and the Chair has received a 900% increase over the past 7 years.

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In line with many LMCs we have currently ceased paying into this fund until we have confidence in a (new) board. Dr Vikram Bolarum will represent LLRLMC at an Extraordinary General Meeting of the GPDF, to present our view that we have no confidence in the current board including Executive and Non-executive members, and significant changes, including a new board is needed.

Yours faithfully

Dr Grant Ingrams
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